COMPLETE IF KNOWN

Attorney Docket Number

First Named Inventor

Application Number

Filing Date

P00759-US-00

SIKTBERG

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION AND POWER OF ATTORNEY FOR

UTILITY OR DESIGN

PATENT APPLICATION (37 CFR 1.63)

OR

Declaration

Submitted after Initial

Declaration

Submitted

with Initial Filing	(37 CFR 1.16(e))		Group Art	Unit		
T ming	required)	<u>"</u>	Examiner	Name		
As a below sound in section 1 has						
As a below named inventor, I he	•					
My residence, mailing address, an	d citizenship are as s	stated below r	next to my n	iame.		
I believe I am the original, first an names are listed below) of the sub						
LAMP HOUST	NG CONTAINING	AN INTEGR	ATED LED	SUPPORT S	TRUCTURE	
the specification of which		(Title of the	Invention)			
is attached hereto						
OR was filed on (MM/DD/YYY)	<i>(</i>)			nited States America	uliantiau Nouchas	- DCT Into-ontine
			as Oi	inted States Ap	plication Number of	r PC i international
Application Number	and	was amended	i on (MM/D	DD/YYYY)		(if applicable)
I hereby state that I have reviewed by any amendment specifically ref		contents of th	ne above ide	entified specific	cation, including the	claims, as amended
I acknowledge the duty to disclose continuation-in-part applications, national or PCT international filin	material information	which becan	ne available	between the fi	•	
I hereby appoint the practitioners a above, and to transact all business						oplication identified
I hereby claim foreign priority ber						
or plant breeder's rights certificate the United States of America, list inventor's or plant breeder's rights on which priority is claimed.	ted below and have	also identifie	d below, b	y checking the	box, any foreign a	application for patent,
Prior Foreign Application		Foreign Fi		Priority		Copy Attached?
Number(s)	Country	(MM/DD/	YYYY)	Not Claime	ed YES	NO NO
Additional foreign application	n numbers are listed	on a supplem	nental priori	ty data sheet P	TO/SB/02B attached	d hereto:
		[Page 1 of				

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below										
Name Jay G. Taylor							_			
Address ICE MILLER, One American Square, Box 8	32001									
City Indianapolis		Sta	te IN			ZIP 46282-0002	2			
Country USA	Te	elephone (317)	236-2150			Fax (317) 236-2	219			
I hereby declare that all statements made herein of my obelieved to be true; and further that these statements we punishable by fine or imprisonment, or both, under 18 U application or any patent issued thereon.	wn knowle re made w I.S.C. 1001	dge are true and ith the knowledge and that such w	that all stat ge that will fillful false	ements made ful false state statements m	on info ments ar ay jeopa	ormation and belief nd the like so made rdize the validity of	are are f the			
NAME OF SOLE OR FIRST INVENTOR:	A pe	etition has been	filed for t	his unsigne	d invent	or				
Given Name (first and middle [if any]) Fred D. Fred D. Or Surname Siktberg										
Inventor's Held Usektlang		<u>-</u>			Date	9/3/03				
Residence: City Indianapolis	State	IN	Countr	y USA	Citizen	ship US				
Mailing Address 9235 Bluestone Circle										
ity Indianapolis State		te IN		ZIP 46236		Country USA				
NAME OF SECOND INVENTOR:	A p	etition has been	filed for t	his unsigne	d invent	or				
Given Name (first and middle [if any]) Jerry D.		Family Na or Surnan		Heiniger						
Inventor's Jerry D. Helinger Signature					Dat	9/3/03				
Residence: City Anderson	State	IN	Country	USA	Citizen	ship US				
Mailing Address 4409 Mounds Road	_									
City Anderson	State	IN	ZIP	46017	Countr	y USA				
Additional inventors are being named on the su	pplemental	Additional Inver	ntor(s) shee	t(s) PTO/SB/	02A attac	ched hereto.				